



## Respiratory Protection Fit-Testing/Training Record

*A respirator fit test must be completed annually for individuals wearing respirators. Completed fit-testing forms are kept on file by the Safety Officer.*

<b>Name:</b>	<b>Job Title:</b>
<b>Department:</b>	<b>Facility:</b>
<b>Last 4 digits of SSN:</b>	<b>Supervisor Name:</b>

-----EMPLOYEE STOP HERE -----

Requirements:	YES	NO
Was the employee medically cleared by a healthcare professional?		
Does the employee wear glasses?		
Does the employee have facial hair that will interfere with the respirator seal?		
Does the employee have other attributes that will interfere with the respirator seal?		
Has the employee received respiratory protection training?		

Respirator Information	
Respirator Type: <input type="checkbox"/> N95 <input type="checkbox"/> Half facemask <input type="checkbox"/> Full facemask <input type="checkbox"/> PAPR <input type="checkbox"/> SCBA	
Make:	Model:
Size:	Use: <input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

Fit-Testing		
Method: <input type="checkbox"/> Saccharine <input type="checkbox"/> Bitrex <input type="checkbox"/> Irritant Smoke <input type="checkbox"/> Quantitative		
Activities:	Pass	Fail
Positive pressure fit check		
Negative pressure fit check		
Normal breathing		
Deep breathing		
Head moving side to side		
Head moving up and down		
Recitation of Rainbow Passage		

<b>Fit-tester Signature:</b>	<b>Date:</b>
<b>Employee Signature:</b>	<b>Date:</b>